CLAIMS ONLY

Application Number	Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2	—	—				
3						
4		1				
5						
6		1				
7	1					
8	1					
9		1				
10	1					
11						
12		1				
13		1				
14		1				
15		1				
16	1					
17	1					
18	1					
19	1					
20	—	—				
21	—	—				
22		1				
23		1				
24		1				
25	1					
26	1					
27		1				
28		1				
29		1				
30		1				
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35		1				
36		1				
37		1				
38		1				
39		1				
40	1					
41						
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
Total Indep	12					
Total Depend	37					
Total Claims	49					

CLAIMS	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51		1				
52		1				
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100						
Total Indep						
Total Depend						
Total Claims						